STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155354	A. BUILDING 01 B. WING	06/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWBURGH HEALTH CARE	10466 POLLACK AVE NEWBURGH, IN47630

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/22/11 Facility Number: 000245 Provider Number: 155354 AIM Number: 100290800 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Newburgh Health Care was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (000) construction and was fully	K0000	Preparation and or execution of this plan of correction in general or any other action set forth herein, in particular,does not constitute an admission by Newburgh Healthcare of the facts alleged or the conclusions set forth in the Statement of Deficiencies. The pan of Correction and specific corrective actions are prepared and or executed solely because of provisions of federal and State laws.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 114 and had a census of 110 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/24/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0029 SS=E	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 Based on observation and interview, the facility failed to ensure 1 of 18 hazardous area room doors, such as a room over 50 square feet containing a large	K0029	I. Corrective ActionAll hazardous room doors will be equipped with self-closing devices.II.Others Having the Potential to be affected.All residents III. Responsibility for ComplianceAdministrator and	07/22/2011

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	amount of combustible material, was equipped with a self closing device on the door. This deficient practice could affect 24 of the 47 residents, as well as staff and visitors in the west hall. Findings include: Based on observation on 06/22/11 at 11:50 a.m. during a tour of the facility with Maintenance Supervisor, the Housekeeping room in the west hall was over fifty square feet in size and full of combustible material such as a large amount of paper napkins, toilet paper, and a barrel full of used mop heads. The door to this room was not provided with a self closing device. This was acknowledged by the Maintenance Supervisor at the time of observation. 3.1-19(b)		Maintenance DepartmentIV. Completion Date: 7-22-11	
K0052 SS=F	A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4			

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	Based on record review and interview, the facility failed to ensure all fire alarm system components and devices such as smoke detectors were tested at least annually for 1 of 1 fire alarm systems, and the facility failed to ensure documentation for the testing of all smoke detectors was correct. LSC 9.6 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors, fire alarm boxes, horn/strobe devices, door holder devices, and fire alarm control equipment be tested annually. This deficient practice could affect all residents, as well as staff and visitors. Findings include: Based on review of the facility's quarterly fire alarm system inspection reports in the Inspections folder on 06/22/11 at 10:15 a.m. with the Maintenance Supervisor present, fire alarm system inspection reports dated 07/21/10, 10/29/10, and 01/11/11 did not include visual and functional testing with a pass	K0052	I Corrective Action: Alarm system was checked by the alarm company on 6-23-2011. (54 alarms tested)II. Others having the potential To be affected:All residents have the potential to be affected by the practice.III.Measures and Systemic Changes:Maintenance and the Alarm Company will monitor for future compliance.IV. Completion Date: 06-23-2011	06/23/2011

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	or fail result for fifty four of fifty four smoke detectors. The most recent quarterly fire alarm system inspection report where all smoke detectors were tested visually and functionally as well as tested for sensitivity was dated 04/13/10. This was confirmed by the Maintenance Supervisor after placing a phone call to the fire alarm inspection company to verify the company failed to perform their scheduled quarterly inspection in April of 2011. Furthermore, the quarterly inspection reports dated 07/21/10, 10/29/10, and 01/11/11 all indicated on the cover page the facility was provided with forty seven total smoke detectors (thirty nine Photo type and eight Ion type), however, the 04/13/10 sensitivity test report indicated the facility was provided with fifty four total smoke detectors (forty six Photo type and eight Ion type). This was acknowledged by the Maintenance Supervisor at the time of record review. 3-1.19(b)			

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K0144 SS=F	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility.	K0144	I. Corrective Action: Remote Stop Switch will be installed by EVAPAR by 7-22-2011.II. Others Having The Potential to be Affected by this Practice:All residents have the potential to be affected by this practice.III. Measures and Systemic Changes: Install Remote Stop Switch.IV. Monitorted by Administrator and Maintenance SupervisorV. Completion Date: 07-22-2011	07/22/2011

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	Findings include: Based on observation of generator equipment on 06/22/11 at 12:15 p.m. during a tour of the facility with the Maintenance Supervisor, evidence of a remote shut off device was not found for the generator, furthermore, during observation of the generator the Maintenance Supervisor indicated the generator was installed in 2005. Finally, based on interview at the time of observation, the Maintenance Supervisor indicated there was no remote shut off device for the generator. 3.1-19(b)			